|  |  |
| --- | --- |
| LOGO2LIN | **Payroll** |
|  | Route | Section | Payroll No. |
| [ ]  Contractor or [ ]  Subcontractor & No. |       |  |  |  |  |
|  |       |  |       |       |       |
|  |       |  | County | Project No. | For Week Ending |
| Address |       |  |       |       |       |
|  |       |  |  | Contract No. |
|  |       |  |  |       |
|  |  |  |
| (1) | (2) | (3) | (4) | St | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| Name and Individual |  |  |  | or | Hours and Days Worked | Total | Rate | Amount | Total | Deductions | Wages |
| Identification Number |  |  |  | OT |       |       |       |       |       |       |       | Hours | of Pay | Earned | Earned | FederalWH Tax | FICA | StateWH Tax | Other | TotalDeduction | Paid for Week |
|                 |    |    |   | S |       |       |       |       |       |       |       | 0.00 |       | 0.007070 |       |       |       |       |       | 0.00 | 0.00 |
|  |  |  |  | O |       |       |       |       |       |       |       | 0.00 |       | 0.00 |       |       |       |       |       | 0.00 | 0.00 |
|                 |    |    |   | S |       |       |       |       |       |       |       | 0.00 |       | 0.00 |       |       |       |       |       | 0.00 | 0.00 |
|  |  |  |  | O |       |       |       |       |       |       |       | 0.00 |       | 0.00 |       |       |       |       |       | 0.00 | 0.00 |
|                 |    |    |   | S |       |       |       |       |       |       |       | 0.00 |       | 0.00 |       |       |       |       |       | 0.00 | 0.00 |
|  |  |  |  | O |       |       |       |       |       |       |       | 0.00 |       | 0.00 |       |       |       |       |       | 0.00 | 0.00 |
|                 |    |    |   | S |       |       |       |       |       |       |       | 0.00 |       | 0.00 |       |       |       |       |       | 0.00 | 0.00 |
|  |  |  |  | O |       |       |       |       |       |       |       | 0.00 |       | 0.00 |       |       |       |       |       | 0.00 | 0.00 |
|                 |    |    |   | S |       |       |       |       |       |       |       | 0.00 |       | 0.00 |       |       |       |       |       | 0.00 | 0.00 |
|  |  |  |  | O |       |       |       |       |       |       |       | 0.00 |       | 0.00 |       |       |       |       |       | 0.00 | 0.00 |
|                 |    |    |   | S |       |       |       |       |       |       |       | 0.00 |       | 0.00 |       |       |       |       |       | 0.00 | 0.00 |
|  |  |  |  | O |       |       |       |       |       |       |       | 0.00 |       | 0.00 |       |       |       |       |       | 0.00 | 0.00 |
|  |
| Reviewed by: |       |  |  | [ ]  No Work [ ]  Suspended [ ]  Completed |
|  | Signature of State Official |  |
| NOTE: A certified copy of each weekly payroll must be submitted by the prime contractor within seven (7) days of the regular payment date. |

\* See instruction page for codes to be entered

|  |  |  |  |
| --- | --- | --- | --- |
| Date |       |  | (4) That: |
|  | (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS |
|  |
| I, |       | , |       |  | [ ]  In addition to the basic hourly wage rates paid to each laborer or mechanic listed |
|  | (Name of signatory party) |  | (Title) |  |  in the above referenced payroll, payments of fringe benefits as listed in the contract |
|  | do hereby state: |  have been or will be made to appropriate programs for the benefits of such employees, |
|  |  except as noted in Section 4 (c) below. |
|  |
|  | (1) That I pay or supervise the payment of the persons employed by |       |  | (b) WHERE FRINGE BENEFITS ARE PAID IN CASH |
|  |
|       | on the |       |  | [ ]  Each laborer or mechanic listed in the above referenced payroll has been paid, as |
| (Contractor or Subcontractor) |  | (Building or Work) |  |  indicated on the payroll, an amount not less than the sum of the applicable basic hourly  |
|  |  wage rate plus the amount of the required fringe benefits as listed in the contract, |
|       | ; that during the payroll period commencing on |       | , |  |  except as noted in Section 4 (c) below. |
|  |
| and ending on |       | all persons employed on said project have been paid |  | (c) EXCEPTIONS |
| the full weekly wages earned, that no rebates have been or will be made either directly or indirectly  |  |
| to or on behalf of said |  | EXCEPTIONS (CRAFT) | EXPLANATION |
|       | from the full |  |       |       |
| (Contractor or Subcontractor) |  |  |       |       |
| weekly wages earned by any person and that no deductions have been made either directly orindirectly from the full wages earned by any person, other than permissible deductions as defined in |  |       |       |
| Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act,as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described |  |       |       |
| below: |  | REMARKS       |
|       |  |       |
|  |       |
|       |  |
|  |
|       |  | NAME AND TITLE | SIGNATURE |
|  |       |  |
|       |  |       |  |
|  |       |  |
|  (2) That any payrolls otherwise under the contract required to be submitted for the above |  |       |  |
|  period are correct and complete; that the wage rates for laborers or mechanics contained |  |       |  |
|  therein are not less than the applicable wage rates contained in any wage determination |  | THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT |
|  incorporated into the contract, that the classifications set forth therein for each laborer or |  | THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. |
|  mechanic conform with the work he performed. |  | SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED |
|  | STATES CODE. |
|  (3) That any apprentices employed in the above period are registered with the Bureau of |  |
|  Apprenticeship and Training, United States Department of Labor. |
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| LOGO2LIN |  Instructions for Completing **Payroll Form SBE 48** |
| **GENERAL:** This form has been made available for the convenience of contractors and subcontractors to submit weekly payrolls. Properly filled out, this form will satisfy the requirements of Regulations, Parts 3 and 5 (29 CFR, Subtitle A), as to payrolls submitted in connection with contracts subject to the Davis-Bacon and related Acts.This form meets needs resulting from the amendment of the Davis-Bacon Act to include fringe benefits provisions. Under this amended law, the contractor is required to pay not less than fringe benefits as predetermined by the Department of Labor, in addition to payment of not less than the predetermined rates. The contractor’s obligation to pay fringe benefits may be met either by payment of the fringes to the various plans, funds or programmer by making these payments to the employees as cash in lieu of fringes.This payroll provides for the contractor’s showing on the face of the payroll all monies paid to the employees, whether as basic rates or as cash in lieu of fringes and provides for the contractor’s representation in the statement of compliance on the rear of the payroll that he is paying to others fringes required by the contract and not paid as cash in lieu of fringes. Detailed instructions concerning the preparation of the payroll follow:**Contractor or Subcontractor:** Fill in your firm’s name, check appropriate box and indicate contractor number.**Address:** Fill in your firm’s address.**Column 1 – Employee’s Name and Individual Identification Number (e.g., the last four digits of the employee’s social security number).** The employee’s full name and Individual Identification Number must be shown on each weekly payroll submitted.**Column 2 - Ethnic Group:** Indicate employee’s ethnic group using the following legend:W-White, B-Black, H-Hispanic, A-Asian/Pacific Islander, NA-Native American/Alaskan Native**Column 3 - Work Classifications:** List classification descriptive of work actually performed by employees. Consult classifications and minimum wage schedule set forth in contract specifications. If additional classifications are deemed necessary, see Contracting Officer or Agency representative. Employee may be shown as having worked in more than one classification provided accurate breakdown of hours so worked is maintained and shown on submitted payroll by use of separate line entries. Also indicate a two-letter code for each work classification using the following legend:OF - Officials (Managers) ME - Mechanics EL - ElectriciansSU - Supervisors TD - Truck Drivers PP - Pipefitters, PlumbersFO - Foreman IW - Ironworkers PA - PaintersCL - Clerical CA - Carpenters LA - LaborersEO - Equipment Operator CM - Cement Masons**Column 4 - Status:** Indicate whether employee is a Journeyman (J), Apprentice (A), on-the-job Trainee (T), or salaried Company employee (C).**Column 5 - Hours and Days Worked:** On all contracts subject to the Contract Work Hours Standards Act enter as overtime hours all hours worked in excess of 40 hours a week.**Column 6 - Total Hours:** Enter total hours worked this week on this project.**Column 7 - Rate of Pay, Including Fringe Benefits:** In straight time box, list actual hourly rate paid the employee for straight time worked plus any cash in lieu of fringes paid the employee. When recording the straight time hourly rate, any cash paid in lieu of fringes may be shown separately from the basic rate, thus $3.25/.40. This is of assistance in correctly computing overtime. See “Fringe Benefits” below. In overtime box show overtime hourly rate paid, plus any cash in lieu of fringes paid the employee. See “Fringe Benefits” below. Payment of not less than time and one-half the basic or regular rate paid is required for overtime under the Contract Work Hours Standards Act of 1962. In addition to paying not less than the predetermined rate for the classification in which the employee works, the contractor shall pay to approved plans, funds or programs or shall pay as cash in lieu of fringe benefits, an amount not less than the predetermined rate for fringe benefits in the wage decision made part of the contract. . |  |  | **FRINGE BENEFITS -** Contractors who pay all required fringe benefits: A contractor who pays fringe benefits to approved plans, funds or programs in amounts not less than were determined in the applicable wage decision of the Secretary of Labor shall continue to show on the face of the payroll the basic cash hourly rate and overtime rate paid to his employees just as he has always done. Such a contractor shall check paragraph 4(a) of the statement on the reserve of the payroll to indicate that he is also paying to approved plans, funds or programs not less than the amount predetermined as fringe benefits for each craft. Any exceptions shall be noted in Section 4(c).**Contractors who pay no fringe benefits:** A contractor who pays no fringe benefits shall pay to the employee, and insert in the straight time hourly rate column of the payroll, an amount not less than the predetermined rate for each classification plus the amount of fringe benefits determined for each classification in the applicable wage decision. Inasmuch as it is not necessary to pay time and a half on cash paid in lieu of fringes, the overtime rate shall be not less than the sum of the basic predetermined rate, plus the half time premium on basic or regular rate, plus the required cash in lieu of fringes at the straight time rate. In addition, the contractor shall check paragraph 4(b) of the statement on the reverse of the payroll to indicate that he is paying fringe benefits in cash directly to his employees. Any exceptions shall be noted in Section 4(c).**Use of Section 4(c), Exceptions**Any contractor who is making payment to approved plans, funds or programs in amounts less than the wage determination requires is obliged to pay the deficiency directly to the employees as cash in lieu of fringes. Any exceptions to Section 4(a) or 4(b), whichever the contractor may check, shall be entered in Section 4(c). Enter in the Exception column the craft, and enter in the Explanation column the hourly amount paid the employee as cash in lieu of fringes and the hourly amount paid to plans, funds or programs as fringes. The contractor shall pay, and shall show that he is paying to each such employee for all hours (unless otherwise provided by applicable determination) worked on Federal or Federally assisted project an amount not less than the predetermined rate plus cash in lieu of fringes as shown in Section 4(c). The rate paid and amount of cash paid in lieu of fringe benefits per hour should be entered in column 7 on the payroll. See paragraph on “Contractors who pay no fringe benefits” for computation of overtime rate.**Column 8 - Amount Earned:** Enter gross amount earned on this project.**Column 9 - Total Earned:** If part of the employees’ weekly wage was earned on projects other than the project described on this payroll, enter in column 9, the gross amount earned during the week on all projects.**Column 10 - Deductions:** Four columns are provided for showing deductions made. If more than four deductions should be involved, use first 3 columns; show the balance of deductions under “Other” column; show actual total under “Total Deductions” column, and in the attachment to the payroll describe the deductions contained in the “Other” column. All deductions must be in accordance with the provisions of the Copeland Act regulations, 29 CFR, Part 3. If the employee worked on other jobs in addition to this project, show actual deductions from his weekly gross wage.**Column 11 - Net Wages Paid for Week:** This amount will be Column 9 less total deductions.**Statement Required by Regulations, Part 3 and 5:** While this form need not be notarized, the statement on the back of the payroll is subject to the penalties provided by 18 USC 1001, namely, possible imprisonment for 5 years or $10,000.00 fine or both. Accordingly, the party signing this required statement should have knowledge of the facts represented as true.Space has been provided between items (1) and (2) of the statement for describing any deductions made. If all deductions made are adequately described in the “Deductions” column above, state “See Deductions column in this payroll.” See paragraph entitled “FRINGE BENEFITS” above for instructions concerning filling out paragraph 4 of the statement. |

For information about IDOTs collection and use of confidential information review the department’s [Identity Protection Policy](http://www.idot.illinois.gov/Assets/uploads/files/Doing-Business/Laws-%26-Rules/Chief-Counsel/Statement%20of%20Purpose%20for%20Collection%20of%20Identification%20Numbers.pdf).